

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.			↓	↓	↓	↓
TOTAL DER.			↓	↓	↓	↓
TOTAL CLAIMS			↓	↓	↓	↓

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	IND.	DER.	IND.	DER.	IND.	DER.
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100	/		/			
TOTAL IND.			↓	↓	↓	↓
TOTAL DER.			↓	↓	↓	↓
TOTAL CLAIMS			↓	↓	↓	↓

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS